

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
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11	1					
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44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1		2			
TOTAL DEP.		1		1		
TOTAL CLAIMS	1	1	2	1		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						